U.S. Department of Housing and Urban Developmen	nt
Office of Public and Indian Housing	

Small PHA Plan Update Annual Plan for Fiscal Year:

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075

OMB Approval No: 2577-0226 Expires: 03/31/2002

PHA Plan Agency Identification

PHA Name: Municipality of Luquillo

PHA Number: RQ081

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

PHA Plan Contact Information:

Name: Rosalinda Torres Garcia

Phone: (787) 889-0960

TDD:

Email (if available): rosalinda ml@yahoo.comx

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

X Main administrative office of the PHA PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

X Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library PHA website Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

Main business office of the PHA

PHA development management offices

X Other (list below)

PHA Programs Administered:

SECTION 8 ONLY

OMB Approval No: 2577-0226 Expires: 03/31/2002

Public Housing and Section 8 XSection 8 Only Public Housing Only

Annual PHA Plan Fiscal Year 20

[24 CFR Part 903.7]

i. Table of Contents

	Provide a table of contents for the Plan, including public inspection. For Attachments, indicate	
Contents	Page #the attachment s name (A, B, etc.) in the sp	ace to the left of the name of the atta
Annual Plan	provided as a SEPARATE file submission	from the PHA Plans file, provide the
Executive Summary (optional)	space to the right of the title.	
Annual Plan Information		1-2
Table of Contents		1-6
	m Changes for the Upcoming Fiscal Year	2
Capital Improvement Needs	an enumger for the opening room roun	2-3
Demolition and Disposition		3
Homeownership: Voucher Home	eownership Program	4
Crime and Safety: PHDEP Plan	r - 8	4
Other Information:		
Resident Advisory Board	4-5	
Statement of Consistency with Consolidated Plan		5-6
<u> </u>	eviations and Significant Amendments	
6	Ç	
Attachments		
X Attachment A : Supportin	g Documents Available for Review	
Attachment: Capital Fi	and Program Annual Statement	
Attachment: Capital Fi	und Program 5 Year Action Plan	
Attachment: Capital Fi	und Program Replacement Housing Factor Annua	l Statement
Attachment: Public Ho	ousing Drug Elimination Program (PHDEP) Plan	
Attachment: Resident	Membership on PHA Board or Governing Body	
Attachment: Members	hip of Resident Advisory Board or Boards	
Attachment: Comment	s of Resident Advisory Board or Boards & Explain	nation of PHA
Response (must be attach	ned if not included in PHA Plan text)	
Other (List below, provid	ing each attachment name)	
	ii. Executive Summary	
[24 CFR Part 903.7 9 (r)]	•	
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At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Uncoming Year

In this section, briefly describe changes in policies or programs discussed in last year s sections of this Update.

2. Capital Improvem	ent Needs
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[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

- A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$_____
- C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
- D. Capital Fund Program Grant Submissions The Capital Fund Program 5-Year Action Plan is provided as Attachment

(1) Capital Fund Program 5-Year Action Plan

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities

(pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If No , skip to next component ; if

yes, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description
(Not including Activities Associated with HOPE VI or Conversion Activities)

1a. Development name:

1b. Development (project) number:

Small PHA Plan Update Page 2

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

2. Activity type: Demolition

Disposition

3. Application status (select one)

Approved

Submitted, pending approval

Planned application

- 4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
- 5. Number of units affected:
- 6. Coverage of action (select one)

Part of the development

Total development

7. Relocation resources (select all that apply)

Section 8 for units

Public housing for units

Preference for admission to other public housing or section 8

Other housing for units (describe below)

- 8. Timeline for activity:
 - a. Actual or projected start date of activity:
 - b. Actual or projected start date of relocation activities:
 - c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

A. Yes No:

Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFRpart 982? (If No , skip to next component; if yes , describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family s resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PH [24 CFR Part 903.7 (m)]	DEP Plan
. ,,	Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. This PHA Plan?
B. What is the amount of the PHA s estimate upcoming year? \$	d or actual (if known) PHDEP grant for the
C. Yes No Does the PHA plan to p yes, answer question D. If no, skip to next con	articipate in the PHDEP in the upcoming year? If mponent.
D. Yes No: The PHDEP Plan is attached a	at Attachment
6. Other Information [24 CFR Part 903.7 9 (r)]	
Resident Advisory Board (RAB) Recommen	ndations and PHA Response
1.X Yes No: Did the PHA receive any comm Board/s?	ents on the PHA Plan from the Resident Advisory
2. If yes, the comments are Attached at Attach	nment (File name)
3. In what manner did the PHA address those The PHA changed portions of t A list of these changes is including Yes No: below or	he PHA Plan in response to comments
XConsidered comments, but de	f the RAB Comments in Attachment termined that no changes to the PHA Plan were te PHA s consideration is included at the at the end thment
Other: (list below)	

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questi

1. Consolidated Plan jurisdiction: (provide name here)

Government of Puerto Rico Consolidated Plan

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the

Consolidated Plan for the jurisdiction: (select all that apply)

XThe PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

XThe PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

XThe PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below) Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

A. Substantial Deviation from the 5-year Plan:

PHAs are required to define and adopt their own standards of substantial do Significant Amendment to the Annual Plan. The definition of significant amendment when the PHA will subject a change to the policies or activities described in the and HUD review before implementation.

B. Significant Amendment or Modification to the Annual Plan:

Attachment_A_

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the Applicable & On I in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by

	List of Supporting Documents Available for R
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X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to f housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resourc available, and worked or is working with local jurisdictions to implement any of the jurisdictions initiatives to affirmatively further fair housing that require the PHA s involvement.
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction
	Most recent board-approved operating budget for the public housing program
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]
	Any policy governing occupancy of Police Officers in Public Housing

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	A&O Policy
XXX	Section 8 Administrative Plan
	Public housing rent determination policies, including the method
	for setting public housing flat rents

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X	Schedule of flat rents offered at each public housing development

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	Section 8 rent determination (payment standard) policies

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	Public housing management and maintenance policy documents,
	including policies for the prevention or eradication of pest

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	Results of latest binding Public Housing Assessment System (PHAS) Assessment	
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	
X	Results of latest Section 8 Management Assessment System (SEMAP)	
X	Any required policies governing any Section 8 special housing types	

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X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved
	proposal for development of public housing
	Self-evaluation, Needs Assessment and Transition Plan required
	by regulations implementing 504 of the Rehabilitation Act and
	the Americans with Disabilities Act. See, PIH 99-52 (HA).
	Approved or submitted applications for demolition and/or disposition of public housing
	Approved or submitted applications for designation of public housing (Designated Housing Plans)
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriation Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937

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	and between the PHA and local employment and training service agencies	
	FSS Action Plan/s for public housing and/or Section 8	
	Section 3 documentation required by 24 CFR Part 135, Subpart E	
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	
	PHDEP-related documentation:	

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Policy o	on Ownership of Pets in Public Housing Family
Subpart	oments (as required by regulation at 24 CFR Part 960,

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	check here if included in the public housing A & O Policy						
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA s response to any findings						
	Troubled PHAs: MOA/Recovery Plan						
	Other supporting documents (optional) (list individually; use as many lines as necessary)						

Small PHA Plan Update Page 80 **Table Library**

DHA N	l C44	Cront Type and Number		
	al Annual Statement		rs/ Emergencies Revised A	nnual State
Line No.	Summary by Development Account	Total Estimated Cost		
NO.		Original	Revised	0
1	Total non-CFP Funds	Original	Keviseu	
2	1406 Operations	+		
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment Nonexpendable			
12	1470 Nondwelling Structures			
13	1475 Nondwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1498 Mod Used for Development			
19	1502 Contingency			
20	Amount of Annual Grant: (sum of lines 2-19)			
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			

OMB Approval No: 2577-0226 Expires: 03/31/2002

A	A						
DHAN	ama	Crant Type and Number					
Origin	nal Annual Statement	Reserve for Disaste	ers/ Emergencies Revised An	nual Stater			
Line	Summary by Development Account	Total Esti	mated Cost				
No.							
23	Amount of line 20 Related to Security						
24	Amount of line 20 Related to Energy Conservation						
	Measures						

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF
Part II: Supporting Pages

PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program					
			Housing Factor #	‡ :			
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity		mated Cost		
Name/HA-Wide Activities				Original	Revised		

OMB Approval No: 2577-0226

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/C								
PHA Name: Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:							Federal FY	
Development Number Name/HA-Wide Activities		Fund Obligate part Ending Da	ted	A	All Funds Expended Quarter Ending Date			
	Original	Revised	Actual	Original	Revised	Actual		
	+	<u> </u>	-	 		+	+	
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OMB Approval No: 2577-0226

OMB HUD 50075 Appr

> oval No: 2577-0226 Expires: 03/31/2002

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Original statemen	CFP 5-Year Action Plan		
Development Number			
Description of Need	ded Physical Improvements or Management	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cos	st over next 5 years		

PHA Public Housing Drug Elimination Program Plan

		Note: THIS PHDEP	Plan template (HU	D 50075-PHD	EP Plan) is to be	completed in accordance	with Instructions loc	ated in applicable PI
Sec	tion 1: General In	formation/History						
A.	Amount of PHDE	EP Grant \$						
В.	Eligibility type (In	ndicate with an x)	N1	N2	R	<u> </u>		
C.	FFY in which fun	ding is requested _						
D.	Executive Summa	ary of Annual PHDI						
		In the space below, pro outcomes. The summary				ights of major initiatives or	activities undertaken. It	may include a description
Ε.	Target Areas							
	J					or site where activities will b vities in each Target Area. Ur		
			PHDEP Target Area	S		Total # of Units within	Total Population to	
			(Name of developme	ent(s) or site)		the PHDEP Target	be Served within the	
						Area(s)	PHDEP Target	
							Area(s)	
	Danielian of Duom							
г.	Duration of Progr		mhar of mantha funda	urill be required)	of the DUDED Droom	ram proposed under this Plan	(nless on y to indicate	the length of program by
		Other, identify the # o		will be required)	of the Frider Frogr	am proposed under uns rian	(place all X to mulcate	the length of program of
		outer, racinity the # c	or months).					

HUD 50075

OMB Approval No: 2577-0226 Expires: 03/31/2002

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	12 Mon	nths 18 Mo	onths 24	Months	<u> </u>				
G.	PHDEP Program	Indicate each FY that programs have not bee	en closed out at the t	ime of this submis	sion, indicate the fund	balance and anticipa	plicable Year) and provited completion date. The tensions or waivers. Fo	ne Fund Balances s	hould reflect the b
	ection 2: PHDEP Pl	ımary	C	strategy to addres	s the needs of the targ	et population/target a	rea(s). Your summary	should briefly iden	tify the broad goa
В.	PHDEP Budget Su	the role of plan partner					ities. This summary sho		
		Enter the total amount	of PHDEP funding a	allocated to each li	ne item.				

HUD 50075

OMB Approval No: 2577-0226

FFY PHDEP Budget Summary Original statement Revised statement dated:					
TOTAL PHDEP FUNDING					

PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide boxes. Information provided must be concise not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or deleted.

HUD 50075

OMB Approval No: 2577-0226

9110 Reimbursement of Law Enforcement						IDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	
1.							
2.							

9115 - Special Initiative					Total PHD	EP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	
1.							
2. 3.							

9116 - Gun Buyback TA Ma	tch	Total PHDEP Funding: \$
Goal(s)		

OMB Approval No: 2577-0226

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9120 - Security Personnel	Total PHDEP F	unding: \$					
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9130 Employment of Investig	gators	Total PHDEP Funding: \$
Goal(s)		

OMB Approval No: 2577-0226

Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9140 Voluntary Tenant P	Total PHDEP 1	Funding: \$					
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9150 - Physical Improvements			Total PHDEP Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start Ext	pected	PHEDEP	Other Funding	

OMB Approval No: 2577-0226 Expires: 03/31/2002

		Persons Served	Population	Date	Complete Date	Funding	(Amount /Source)	
1								
2	·.							
3								

9160 - Drug Prevention						Total PHDEP Funding: \$		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)		
1.								
2.								
3.								

9170 - Drug Intervention					Total PHDEP I	Funding: \$
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)
1.						
2.						

OMB Approval No: 2577-0226

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9180 - Drug Treatment				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	
1.							
2.							
3.							

9190 - Other Program Costs	190 - Other Program Costs				Total PHDEP Funds: \$			
Goal(s) Objectives								
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)		
1.								
2.								
3.								

OMB Approval No: 2577-0226 Expires: 03/31/2002

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OMB Approval No: 2577-0226HUD 50075 Expires: 03/31/2002

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OMB Approval No: 2577-0226HUD 50075 Expires: 03/31/2002

Required Attachment ____: Resident Member on the PHA Governing Board

1. X Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board: Maria I. Guzman, Carmen J. Robles, Maria Bartolomey, Lynette Nazario and Luis Colon

How was the resident board member selected: (select one)?

Elected

XAppointed

- C. The term of appointment is (include the date term expires): June 30, 2002
- 2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain):

B. Date of next term expiration of a governing board member: June 30, 2002

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Same as above

Required Attachment	: Membership of the Resident Advisory
Board or Boards	

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Maria I. Guzman, Carmen J. Robles, Maria Bartolomey, Lynette Nazario and Luis Colon

HUD 50075

OMB Approval No: 2577-0226 Expires: 03/31/2002